

# City of Frisco Stormwater Utility Fee Appeal Form



Please fill out and return to the Department of Public Works, Attn: Perry Harts, 11300 Research Road, Frisco, TX 75034 or by fax to 972.292.5891.

## Owner/Applicant:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## Service Location Information:

Property Address \_\_\_\_\_ Utility Account No.: \_\_\_\_\_

## Reason for Appeal: (Check all that apply and attach documents and descriptions as indicated)

### Inaccurate Impervious Area Calculation

Owner shall provide a copy of a survey or site plan created within the past 12 months, indicating area in square feet of all impervious surfaces on the parcel. All measurements are subject to verification by City staff.

### Impervious Area Removed from Site

Owner shall provide a description of the structure or area modified. Please provide a map or site plan if possible.

### Incorrect Stormwater Tier

If the residential property has a rate larger than \$3.85, the property may be under the wrong classification.

Other \_\_\_\_\_

## Appeal Description and Documentation:

Describe the conditions as indicated above. Use the space provided to describe the areas in handwritten or 12 point font typed. Appeal missing required information will be returned to the applicant without review. Attach any required documentation (plats, surveys, photos, etc.) or additional pages as needed.

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## Certification:

*I certify that the information contained in the application is, to the best of my knowledge, correct and represents a complete and accurate statement. By signing below, I agree to allow City staff or inspector on site to review and verify the above information (if needed).*

\_\_\_\_\_  
(Signature) (Print Name) (Date)

## CITY OF FRISCO USE ONLY

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

☐ Insufficient Information ☐ Approved ☐ Denied ☐ Adjusted ☐ Other: \_\_\_\_\_

	Before Review	After Review
Impervious Area/Lot Size		
Fee		

Notes: \_\_\_\_\_

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Date sent to UB: \_\_\_\_\_ Date determination sent to Applicant: \_\_\_\_\_